

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

RECEIVED By Carol Day at 9:31 am, May 28, 2013

REPORT #6

Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15 or	is serviced or repaire	d and whenever it is	placed into servi	days). ce.		
DATAMASTER SN NAME OF AGENCY 201200 Marshfield lice		DATE OF INSPECTION 05/21/2013				
LOCATION OF INSTRUMENT (STREET AND CITY) 325 S. Crittenden Marshfield, MO 65706		TIME OF INSPECTION 8:18 pm	N			
CHECKLIST: Place a mark in the box by each i where determined.) Unmarked items must be	tem if found to be sati			ed limits.	. (Write in observ	red values
DIAGNOSTIC CHECK (PRINTOUT ATTAC	DATE AND TIME (from printout) 05/21/2013 @ 20:18					
		DETECTOR				
☑ PROGRAM		FILTERS		•		
HEATERS SAMPLE CHAMBER	49.°C	🛛 QUARTZ STAN	IDARD			
		☑ CALIBRATION				
PUMP HIGH SPEED		PRINTER				
☐ INDICATOR LIGHTS						
SIMULATOR SOLUTION SUPPLIER Gut	h Labs Inc.	LOT # <u>1</u>	3010	_EXP. D.	ATE 01/09/201	15
SIMULATOR TEMP (34°C ± 0.2°C)	34.0 °C S	IMULATOR SN	SD3320	_ EXP. D	ATE 08/15/201	13.
CALIBRATION CHECK - (ONLY ONE STA	NDARD IS TO BE U	SED PER MAINTEN	ANCE REPORT) .		
Run three tests using a standard solution. less. Mark the box corresponding to the sta				nd must	have a spread o	of .005 or
0.100% STANDARD - MUST READ BE 0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE	TWEEN 0.076% AND	0.084% INCLUSIVE				
TEST 1 * .098 TE	EST 2 ☞ .100		TEST3 ☞ .10	1		
PERFORM R.F.I. TEST (PRINTOUT ATTAC	CHED)					
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TI		IG RANGES SINCE	THE LAST MAIN	NTENAN	CE REPORT:	
REFUSALS 2 (004) 0 (.0	0509) 1	(.1014) 1	(.1519)	0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOD (USE OTHER SIDE IF NECESSARY).	IFICATION THAT WAS MADE T	TO RESTORE THE INSTRUME	NT TO OPERATE SATIS	FACTORILY	AND WITHIN ESTABLE	SHEO LIMITS
INSPECTING OFFICER	PRINT FULL NAM Jeffrey Fo	ord				
TYPE II PERIVA COMBERVEXPIRATION DATE 220176 07/24/2014		TELEPHONE NU (417) 859				
2875	h Alcohol Program, M James Blvd. ar Bluff, MO 63901	10 Department of He	alth and Senior S	Services,	Southeast Distr	ict Office



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down – This Edge In First

BAC DataMaster Evidence Ticket

BAC DATAMASTER SERIAL NUMBER 201200 STATE OF MISSOURI 85/81/13 201.10

--- DIRGNOSTIC CHECK

COMPUTER:

PROBREM (04-07-0000):

9X.93

TERTERS

SERVED CHARGES

4 00 0

FLOW DETECTOR:

SKS.

ALGH SPEED:

9KF7

DETECTOR:

OKEY

OKEY

FILTERS:

GUARTZ STANDARD:

OK.

OKAY

CALIBRATION:

HIJKLMNOPQRSTUVWXYZI\]^_'abcdefghijklmno PRINTER TEST TOP S CUSTOM X UNA CITY

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

BAC DATAMASTER SERIAL NUMBER 201200 STATE OF MISSOURI 85/81/13

TESTING OFFICER:

OFFICER 1.D.: 744 FORDAJEFFREY

PERMIT NUMBER: 228176

EXPIRATION DATE: 87/24/14 MISCELLANEGUS DATA:

EST TOBL --- SUPERVISOR MODE

0 0 0 0 0 0 0 0 0 VERIFIED 20 00 00 00 00 00 , 100 100 100 , 2000 2000 EXTERNAL NIBNIARD EXTERNAL STANDARD INTERNAL STANDARD EXTERNAL STANDARD 如二字法 一九公子 BLRNK TEST BLANK TEST 超二件表 工具等工

H SEE の 11 乙 989 Operator Signature_

2208-02

Operator Signature

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



JEFFREY FORD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

air. Issued under the provisions of s	ections 577.020 through 677.041, RSMo 1986.			
07/24/2012	Wante			
Number 220176	Director of State Public Health Laboratory Margaret T. Downelly			
Expires 07/24/2014	Director, Department of Health			
MO 580-0771 (7-86)	Lab. 4 (R7-88			